



VACCINES FOR CHILDREN PROGRAM
Patient Eligibility Screening Record



Date Screened: _____

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Provider: _____

This child qualifies for immunization through the Connecticut VFC Program because he/she (check only one box):

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| (A) Is enrolled in Medicaid (HUSKY A) | <input type="checkbox"/> |
| (B) Has no health insurance/self pay | <input type="checkbox"/> |
| (C) Is American Indian or Alaskan Native | <input type="checkbox"/> |
| (D) Underinsured: can receive VFC vaccines (Pneumococcal Conjugate, Hepatitis A, Rotavirus, and HPV) at a Federally Qualified Health Center (FQHC) | <input type="checkbox"/> |
| (E) S-CHIP (HUSKY B) | <input type="checkbox"/> |
| (F) *Private Insurance | <input type="checkbox"/> |

*Note private insurance patients can receive all vaccines from the Connecticut Immunization Program except for Pneumococcal Conjugate, Hepatitis A, Rotavirus, and Human Papillomavirus vaccine (HPV) which are only available for patients in categories A, B, C, D & E.

A record must be kept in the healthcare provider's office that reflects the status of all children 18 years of age and younger who receive vaccine from the Connecticut VFC Program. The record may be completed by the parent, guardian, or individual of record, or by the healthcare provider. The record does not have to be updated unless the status of the child has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine.

